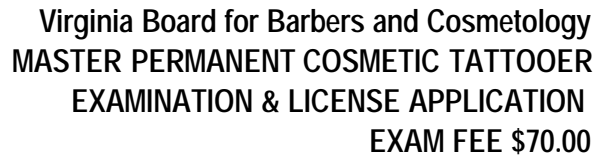


Website: [www.pcshq.com](http://www.pcshq.com)



1.	Name	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	_____	_____	_____	_____
		First	Middle	Last	Generation (SR, JR, etc.)				
2.	Social Security Number *	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
3.	Date of Birth	_____							
4.	Maiden name or former surname(s)	_____							
5.	Street Address (PO Box <u>not</u> accepted)	_____							
	City, County, State, Zip Code	_____							
6.	Mailing Address (PO Box accepted)	_____							
	City, State, Zip Code	_____							
7.	E-mail Address	_____							
8.	Telephone & Facsimile Numbers	(    )    -	(    )    -	(    )    -					
		Telephone	Facsimile	Daytime Telephone					
9.	Have you ever taken the Master Permanent Cosmetic Tattooer Examination in Virginia?								
	No	<input type="checkbox"/>	Month(s)/Year(s) Taken						
	Yes	<input type="checkbox"/>	_____						
10.	Do you have a current or expired Virginia Permanent or Master Cosmetic Tattooer License?								
	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	Virginia License Number	_____	Expiration Date	_____			

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER  1 2 3 7	ISSUE DATE
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11. Which method are you using to qualify for the examination? Select only **one**.

☐ Completion of a board approved Master Permanent Cosmetic Tattooing training in a permanent facility.

**Required Documentation:** A completed Master Permanent Cosmetic Training Completion Form.

☐ Successful completion of a Master Permanent Cosmetic Tattooing training program which is substantially equivalent to the Virginia program but is obtained outside of the Commonwealth of Virginia, but within the United States and its territories.

**Required Documentation:** Verification of successful completion of training.

12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understand, and complied with all the laws of Virginia related to barber and cosmetology licensure under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.